JC15306



United States
Department of
Agriculture

Animal and Plant Health Inspection Service. Policy and Program Development 4700 River Road, Unit 149 Riverdale, MD 20737–1237 Telephone: 301/734–8963

> ENQL 7-1 CY04 PERMANENT Retire 05/09

> > July 30, 2004

Document Processing Desk [6(a)(2)] Office of Pesticide Programs (7504C) U.S. Environmental Protection Agency Ariel Rios Building 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001

ATTN:

Norman Spurling

SUBJECT:

FIFRA, Section 6(a)(2) aggregrate adverse effects incident report

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of July 30, 2004.

EPA Reg. No. 56228-15M-44 Cyanide Capsules Active Ingredient: CAS No. 143-33-9

Sodium Cyanide

W-B

No. of Incidents

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail <u>kenneth.dial@aphis.usda.gov</u>.

Sincerely,

Carl Bausch

Chief, Environmental Services Policy and Program Development

Enclosure

APHIS Safeguarding American Agriculture

APHIS is an agency of USDA's Marketing and Regulatory Programs

An Equal Opportunity Provider and Employer

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

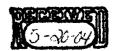
6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT INCIDENT CODE INCIDENT STATUS DATE WS BECAME AWARE ES USE ONLY Date of last submission OF THE INCIDENT Date REPORT NUMBER X New 12-29-03 12-29-03 Update W-B EMPLOYEE NAME (To contact for additional information) TELEPHONE NUMBER CONTACT NAME (If Non-APHIS) TELEPHONE NUMBER **DUTY STATION ADDRESS ADDNESS** INCIDENT LOCATION SOURCE OF INFORMATION CITY STATE COUNTY XX Self Telephone Call Letter Media Oral Report Other EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) M-44 discharge INCIDENT SITE [examples include commercial or residential sites, forest/woods, SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] (specify), recreational area (specify), right-of-way (rail, utility, highway)] M-44's maintained on property. Rangeland/Pasture **EPA REGISTRATION NUMBER** PRODUCT NAME ACTIVE INGREDIENT 56228-15 M-44 Cyanide Capsule Sodium Cyanide WAS THE PRODUCT WHAT WAS THE DILUTION RATIO (If applicable) WERE THE LABEL WAS THE APPLICATOR CERTIFIED (If applicable) DIRECTIONS FOLLOWED Concentrated Diluted N/A XX Yes No XX Yes No IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) XX No Yes SUMMARY OF THE INCIDENT (Attach supplemental form if needed) M-44's set on property to protect cattle from predation by coyotes. M-44 was discharged by one non-target raccoon. NAME OF PREPARER SIGNATURE **TELEPHONE NUMBER** DATE SIGNATURE NAME OF SUPERVISOR TELEPHONE NUMBER DATE WS FORM 160-R (June 99) (Local Reproduction Authorized)

									ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM							RT FORM	REPORT NUMBER	
111		1 6	q W 11	IIIVI	WI		., INEFU	VIN	
"X" ONE							"X" ONE	······································	NUMBER OR ACRES AFFECTED
	ın Fish			Invertebrate	["] ₌₌₌		_		
Amphibla		Bird	Mamma!		Reptile	Ptant	Domestic	7/44	1
SPECIES COI	MMON NAME	race	coon				BREED (If know	vn)	
DESCRIBE SI	IGNS, SYMPTO								Milyana Maria da Maria
	_,								
	p212 - 4								
	killed								
IF LABORATO	ORY TESTS WE	RE PERC	ORMED. LEST	IAME OF TEST(S)	AND RESID TO	3 (if available	attach corios).		
		wiW1	· · · · · · · · · · · · · · · · · · ·		,	_ ₁	,; oupds);		
	N/A								
84.0.00	AF ***	· · · · ·	1600 - F - 1					mateurina (militari ilina ilin	
MAGNITUDE	UP THE EFFE(.ı (e.g., m	ues of streams,	square area of ter	resmal habitat)				
	خمیر								
	none			Name of Constitution of State					
PESTICIDE A	PPLICATION R	ATE AND N	NETHOD OF A	PPLICATION (Inch	ude brief descrip	tion of balting	if applicable)		·
	M-44 Ca								Browning of the control of the contr
WAS PREBAI	ITING USED ON	THE SITE	(Describe)		-				
1 4 5	XX No								
								No. 1. Communication of the Co	
DESCRIPTIO	N OF THE HAB	ITAT AND	CIRCUMSTAN	CES UNDER WHK	CH THE INCIDE	NT OCCURR	ED		
	D- ·		.						
	rasture	res	ource wa	s calves)	i				
		 -			Non-constitution and the second approximate the second and second	(-	
ADDITIONAL	FACTORS				~		· — annumentations of		
NAME OF PR	EPARER				SIGNATURE				DATE
						-			
NAME OF SU	PERVISOR				SIGNATURE				DATE
						•			
				15					
WS FORM 164	0B-R (June 99))	(Loc	cal Reproduction A	\uthorjzed)			- · ··· -	

•				, DEPARTMENT ND PLANT HEAL WILDLIFE !	TH INSPECTION			4	EIVED	
<u> </u>		6(a)(2) ADV	ERSE EF	FECTS INC	IDENT INFO	RMA			9 20n4	
INCIDENT CODE			INCIDENT	STATUS			DATE WS BECAME AT	NAME/C	ES LISE ONLY	
		Date	1	D	ate of last submit	ssion	OF THE INCIDENT	MA 2	REPORT NUMBER	
D-A	New A	03.19.	04	Update			03-10	24		
EMPLOYEE NAME (To conta				YE NUMBER	CONTACT NA	ME (V h	Non-APHIS)		TELEPHONE NUMBER	
								,		
DUTY STATION ADDRESS					ADDRESS					
	HICIDE	ENT LOCATION			SOURCE OF I	NPORK	MATION	·····		
CITY	STATE COUNTY Self Telephone Call Media Oral Report				Telephone Call Oral Report	Cther				
EXPOSURE TYPE (Examples	s include spi	ill, splesh, drift, ru n	off or other.)		1		L. Ciarrapor			
INCIDENT SITE [examples agricultural (specify crop), recreational area (specify), recreational area (specify).	angeland/p	asture, noncrop a	area, fallow t		s application, mi	ixing/loa		insport, rep	CIDENT: (examples include pair/maintenance of application	
RANGELAS				ROPERT			, random High or the delicity			
		•								
EPA REGISTRATION NUMBE	E S	PRODUCT NAM			<u> </u>	ACTO	/E INGREDIENT			
						}	SODIUM			
56228-	15	14-44	- CAP	SULE			CYNADIO.	E		
WAS THE PRODUCT. Concentrated Diluted		WHAT WAS THE DILUTION RATIO (If applicable			le)		THE LABEL CTIONS FOLLOWED		WAS THE APPLICATOR CERTIFIED (If applicable)	
					1	Yes No		Yes No		
IS THERE EVIDENCE OF INT	TENTIONAL	. MISUSE (If "Yes"	explain)							
Yes X No										
SUMMARY OF THE INCIDEN	T (Attach a	upplemental form	f needed)	n B4	A F	, AS ,	AN SHE	PHEN	CO WITH	
									-	
COLLAR	ANI	U NO	1 A 6 5	V K	5 0. /	De	WALLAND HA 170 %	C.		
							•			
NAME OF PREPARER		Si	GNATURE			TELET	PHONE NUMBER		DATE	
		Ī]				
NAME OF SUPERVISOR		L	ONATURE		J	TE: C	PHONE NUMBER	<i>_</i>	DATE	
			-up ivite				Tare temper			

(Local Reproduction Authorized)

WS FORM 160-R (June 99)



			ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDE	ENT - SUPPLEME	NTAL REPORT FORM	REPORT NUMBER
"X" ONE	· · · · · · · · · · · · · · · · · · ·	"X" ONE	NUMBER OR ACRES AFFECTED
Amphibien Fish Bird Mammel Invertebrate	Reptile Plant	Domestic Wild	
SPECIES COMMON NAME	***************************************	BREED (If known)	
DO G DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		GERMAN	SHEPHERD
GERMAN SHEPHERD PULL	FN 1 M.	UU UNIT AN	UA DIEN.
DOG HAD ON AREO COL	CAR WI	A NO I MA	<i>.</i>
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AN	ID RESULTS (If available	attach copies):	
(4)			
	hala tank		
MAGNITUDE OF THE EPFECT (e.g., miles of streams, square area of terres	mat natolial)		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include	brief description of baiting	j if applicable)	
4 M-44 UNITS WERE	PLACED	AT A COW	Q AROESS
WAS PREBAITING USED ON THE SITE (Describe) Yes X No			
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH	THE INCIDENT OCCURR	S D	
OPEN RANGE - PASTURE.	DOF	TRES PASSED	ONTO PROPER
AND PULLED I UNIT		, , , , ,	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ADDITIONAL FACTORS			
ALGER AND RANGE COMMISSION			
HAME OF PREPARER	BIONATURE		DAYE
			
MAME OF SUPERVISOR	BIGNA TURE		DATE

(Local Reproduction Authorized)

WS FORM 1608-R (June 99)